



MINNESOTA ACCOUNTING and PROCUREMENT SYSTEM  
Bank Table

Department of Finance  
658 Cedar Street, 400 Centennial Building  
St Paul, MN 55155  
Phone: (612) 201-8000, FAX:(612) 296-8685

Ref. #						
<b>Requested By:</b>			Agency Name/Code: /		Location Code:	Date:
New	Change	Delete	Comments	FY:	Bank Acct Code:	Cash Account:
Bank Number:		Bank Acct #:		Bank Name:	Bank Account Name (12 characters only)	

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Authorized Signature:\_\_\_\_\_Entered By:\_\_\_\_\_Page:\_\_\_\_\_of\_\_\_\_\_

**Instructions for Form FI-00524**  
**Bank Table**

1. **REQUESTED BY:** (Required). Enter the name of the Accounting Coordinator.
2. **AGENCY NAME/CODE:** (Required). Enter the name of the agency and the Agency Code.
3. **LOCATION CODE:** (Optional). Enter the location code. It is a 3-digit prefix to the cash receipt document ID.  
It signifies the place of deposit.
4. **DATE:** (Required). Enter the current date.
5. **NEW:** Check the box to request a new bank code.
6. **CHANGE:** Check the box to request a change.
7. **DELETE:** Check the box to delete a bank code.
8. **COMMENTS:** Enter the reason for request.
9. **FY:** (Required). Enter the last two-digits of the applicable fiscal year.
10. **BANK ACCOUNT CODE:** (Leave it blank). If adding a new line, or if changing or deleting an existing line, enter the appropriate code assigned by the Department of Finance.
11. **CASH ACCOUNT:** (Leave it blank). If automated disbursements are to be used to write checks against this bank account. Enter the code of the cash balance sheet account associated with this bank account.
12. **BANK NUMBER:** (Required). Enter the Bank routing number.
13. **BANK ACCOUNT #:** (Required). Enter the Bank Account Number.
14. **BANK NAME:** (Required). Enter the Name of the Bank.
15. **BANK ACCOUNT NAME:** (Optional). Enter a descriptive name for this account.

Authorized Signature: \_\_\_\_\_ Entered By: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_